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CONFIRMATION ☐

TO: Examiner Ceila Chang	COMPANY: U.S. PTO
FAX NUMBER: 703 305 3592	PHONE NUMBER: 703 308 4702

From: Mark R. Buscher

Date: March 7, 2000

Total Number of Pages Including Cover Sheet: 6

Message: Please deliver the attached Transmittal letter and Request for Reconsideration to Examiner Chang.

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FORM PTO-1083

Attorney Docket No. 71284-0007

In re application of BENNEKER, et al.
Appl. No. 09/200,743

Filed: November 30, 1998

For: 4-Phenylpiperidine Compounds

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

The claim fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
21	MINUS	24	- 0
2	MINUS	2	= 0

SMALL ENTITY	
Rate	Addit. Fee
x 11 =	\$ 00.00
x 41 =	\$ 00.00
+135 =	\$ 00.00
Total Addit. Fee	\$ 00.00

Or

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 22 =	\$ 00.00
x 82 =	\$ 00.00
+270 =	\$ 00.00
TOTAL	\$ 00.00

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

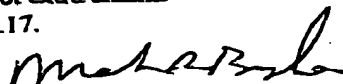
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A check in the amount of \$ ____ is attached.

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- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Date: March 7, 2000


Mark R. Buscher (Reg. No. 35,006)